

Appendix A—FY 13-Vision Chart Review Data Collection Tool

Mar 1, 13 to Feb 22, 14

Pt. ID # _____ Site Code: _____ Gender: _____

CLIENT INTAKE FORM (CIF)

1. CIF includes PRIMARY CARE PROVIDER documentation: Y - Yes N - No
2. On CIF, MEDICATION ALLERGIES are documented: Y - Yes N - No
3. CIF includes MEDICAL HISTORY: Y - Yes N - No
4. On CIF, CURRENT MEDS are listed: Y - Yes N - No
5. On CIF, the REASON for 'TODAY's VISIT' is documented: Y - Yes N - No
6. On CIF, the OCULAR HISTORY is documented: Y - Yes N - No

CD4 & VL

7. Most recently documented CD4 count is within past 12 months: Y - Yes N - No
8. CD4 count is < 50: Y - Yes N - No
9. Most recently documented VL count is within past 12 months: Y - Yes N - No

EYE CARE:

10. COMPLETE EYE EXAM (CEE) was performed within yr: Y - Yes N - No
11. Eye Exam included ASSESSMENT OF VISUAL ACUITY: Y - Yes N - No
12. Eye Exam included REFRACTION TEST: Y - Yes N - No
13. Eye Exam included OBSERVATION OF EXTERNAL STRUCTURES: Y - Yes N - No
14. Eye Exam included GLAUCOMA TEST (IOP): Y - Yes N - No
15. Internal Eye Exam findings are documented per visit within yr: Y - Yes N - No
16. Dilated Fundus Exam (DFE) done within year included: Y - Yes N - No
17. Eye Exam included CYTOMEGALOVIRUS (CMV) SCREENING: Y - Yes N - No
18. New prescription lenses were prescribed within year: Y - Yes N - No
19. Eye Exam written diagnoses are documented per visit within year: Y - Yes N - No
20. Eye Exam written treatment plan is documented per visit within year: Y - Yes N - No
21. Ocular disease identified? Y - Yes N - No
22. Ocular disease treated appropriately? Y - Yes N - No
23. Total # of visits to eye clinic within year: _____